

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35436
STATE FILE NUMBER

FILED NOV 13 1957

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1065

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN WILLARD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		d. STREET ADDRESS (If outside, give location) Route #2	
3. NAME OF DECEASED (Type or print) First MARY Middle ESTHER Last GREENWADE		4. DATE OF DEATH Month Nov. Day 2 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1901
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) Bois D'Arc, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vinton C. Swinney		13b. MOTHER'S MAIDEN NAME Carrie Redfearn	
14. NAME OF HUSBAND OR WIFE Earl Greenwade		15. WAS DECEASED EVER IN U. S. ARMED SERVICE? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Earl Greenwade, Rt. #2, Willard, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma Left Breast DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 4 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 11/3/53 to 11/2/57 and last saw her alive on 11/1/57 Death occurred at 8:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Curtis H. Epps M.D.	
22b. ADDRESS Medical Arts Bld. Springfield, Missouri		22c. DATE SIGNED 11-6-57	
23a. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery		23d. LOCATION (City and county) Greene County, Missouri	
24. FUNERAL DIRECTOR AYRE-GOODWIN, Inc. Springfield		25. DATE RECD. BY LOCAL REG. 11-7-57	
26. REGISTRAR'S SIGNATURE Edith W. Williams		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lucian T. Swadlow*

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.